

Disaster Recovery Loan Program Certification of Rents

Date:	
	Minnesota Housing Loan #: [Loan Number]
PROPERTY ADDRESS	
[Property Full Address] in [Property County] County	
OWNER NAME	
Last	First
OWNER ADDRESS	
Street	City
County	Zip
By executing this form, Owner of the above property here	phy certifies the following is true and correct:
by executing this form, owner or the above property here	eby certifies the following is true and correct.
in accordance with Minn. Rules Parts 4900,3610, subrevised.	
2. These rents will not be increased without the written Agency in accordance with Minn. Rule 4900.3652, su	
Part II. SIGNATURES	
Signature of Owner	Date